

Attorney General Eric Holder and Health and Human Services Secretary Kathleen Sebelius announced this week that they have recovered over \$4 billion taxpayer dollars related to Medicare and Medicaid fraud and abuse. This money will be returned to the Medicare Health Insurance Trust Fund, the Treasury, and other government programs.

Thanks to new resources funded by the Affordable Care Act, the Department of Health and Human Services has also announced new rules that will stop fraud before it takes place. These rules will:

- **Create a rigorous screening process** for providers and suppliers enrolling new Medicare, Medicaid and CHIP beneficiaries to keep fraudulent providers out of those programs. Under the Affordable Care Act, States will have to screen providers who order and refer to Medicaid beneficiaries to determine if they have a history of defrauding government.
- **Allow Medicare and State agencies to temporarily stop enrollment of new providers and suppliers.** Medicare and State agencies will be on the lookout for trends that may indicate health care fraud using advanced modeling software, similar to what is used by credit card companies to detect credit card fraud. If a trend is identified in a specific category of providers or geographic area, the program can temporarily stop enrollment as long as it will not impact access to care for patients.
- **Allow Medicare and State agencies to temporarily stop payments** to providers and suppliers in cases of suspected fraud.

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